

Michigan Department of State  
Licensing Unit  
Lansing, MI 48918

## Driver Education Instructor Employment Form

Provider Name \_\_\_\_\_ Provider Certification Number \_\_\_\_\_

The certified instructors named below are currently employed at my organization.

Full Name of Instructor (as typed on certificate)	Certification Number	Date of Employment

The certified instructors named below no longer work for my organization.

Full Name of Instructor (as typed on certificate)	Certification Number	Date of Termination

\_\_\_\_\_  
Signature of Driver Education Provider

\_\_\_\_\_  
Date